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La première clinique d'été pour les enfants ayant des troubles d'apprentissage, oeuvre de la Commission scolaire Baldwin-Cartier, eut lieu durant l'été 1971. Son succès incita à reprendre l'expérience l'année suivante. Le document porte sur la clinique d'été de 1972. Cette clinique visait un double objectif: 1. aider les enfants dont on avait décelé les troubles d'apprentissage durant l'année scolaire, en renforçant les habiletés acquises durant l'année; 2. former les enseignants afin qu'ils puissent identifier très tôt les troubles d'apprentissage et qu'ils apprennent comment y remédier. Les étudiants-maîtres étaient tous inscrits au Département d'éducation spéciale de l'Université McGill.

Le rapport comprend dix parties. Suite à l'introduction, on expose les objectifs de la clinique et on décrit son organisation. La quatrième partie porte sur la formation pratique des enseignants et leur préparation. La cinquième est consacrée au programme même de la clinique: activités physiques, artistiques, éducatives, etc. La section suivante traite du programme suivi par les étudiants-maîtres ainsi que de leur travail avant et après que les enfants soient partis et de leurs relations avec les parents d'élèves. Les dernières parties du rapport, très succinctes, portent sur la participation des parents et sur les suites à donner à cette expérience.

Les auteurs demandent au commissaires d'école de considérer la clinique d'été destinée aux enfants ayant des troubles d'apprentissage comme une partie intégrale du programme d'éducation spéciale de la commission scolaire. Ils leur demandent de répéter l'expérience afin de former plus d'enseignants pour s'occuper de plus d'enfants ayant des troubles d'apprentissage.

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# REPORT OF

# THE BALDWIN-CARTIER

# SUMMER CLINIC '72

# FOR CHILDREN WITH

# LEARNING DISABILITIES

Ed Gallagher, M.Ps., Director

September, 1972

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STAFF OF SUMMER CLINIC 1972

DIRECTOR: Ed Gallagher, School Psychologist

TEAM LEADERS: M. Guy DUFRESNE, Centre de Readaptation, Pointe Claire

Mrs. Gwynneth FOSTER, Fathers of Confederation School, Pierrefonds, Que.

Miss Gail MONOGHAN, Wilder Penfield School, Dollard

Mr. Frank MURRAY, St. John Fisher School, Pointe Claire

STAFF: TEACHERS -IN- TRAINING

Mrs. Anne BAILEY, St. Charles School, Pierrefonds

Miss Marcelle BERGEVIN, St. Luke School, Dollard des Ormeaux

Mde. Gisele BOILY, Ecole Dollard des Ormeaux, Dollard

Mrs. Wendy CAMPBELL, Transferred to British Columbia

Mlle. Ginette CHARBONNEAU, Ecole Ste. Genevieve, Pierrefonds

Mrs. Carolyn FORCILLO, Kirkland School, Roxboro

Mrs. Carmel HANNA, St. Bernard School, Dollard des Ormeaux

Mrs. Thelma HUNTER, St. Edmund School, Beaconsfield

Mr. Kevin GALLACHER, Corpus Christi School, Baie D'Urfe

Mrs. Joyce KARIAPPA, St. Edmund School, Beaconsfield

Miss Mary KING, Pierrefonds Comprehensive High School, Pierrefonds

M. Rolland MESSIER, Centre de Readaptation, Pointe Claire

Mr. Bryan MacDEVITT, St. Thomas High School, Pointe Claire

Mrs. Charlotte SOMERS, St. John Fisher School, Pointe Claire

Mrs. Yvonne SMITH, Fathers of Confederation, Pierrefonds

Mrs. Louise THOMPSON, Regina Caeli School, Pointe Claire

Mrs. Sally ULLMANN, St. Edmund School, Beaconsfield

## 1. INTRODUCTION

This is a report on the second annual Summer Clinic for young children with Learning Disabilities operated by the Baldwin-Cartier School Commission. This year, the Clinic was a Baldwin-Cartier undertaking from start to finish. The teachers were drawn from our own schools; all the children had attended our schools the previous year and will be followed-up throughout this coming school year; all the team leaders and the Director were, and continue to be, full-time employees of our Commission. We take particular pride in the talents, energy, training and dedication of our own people; we realize that it is not necessary to look outside to find qualified educators since our own trained teachers have very much to share; and much of our enthusiasm and the knowledge that "it WILL work" is due to these, our teachers, and the guarantee that within our Commission we will follow what has been started and properly 'serve' our children.

The first Summer Clinic was established on a pilot basis as a result of a report of the Steering Committee for a Summer Clinic submitted to our Commission and the Lakeshore Regional School Board on January 22, 1971. It was a joint operation of the two West Island School Boards, with teachers and students drawn from both Boards and was held in our St. John Fisher Elementary School in Pointe Claire. Following the success of that first Clinic, both Boards decided to continue the program during the Summer of 1972 - but to operate separate Clinics in order to accomodate more children - who, of course, are the central focus and the principal reason for the Clinic in the first place.

11. OBJECTIVES OF THE CLINIC

The primary consideration in planning the Clinic was to attempt to meet the specific needs of individual children so that their patterns of learning, which were discerned before and during the summer programme, could be developed and continued during the following school year. The Clinic was also designed to help the chosen children by reinforcing the skills they had acquired during the previous year and by preventing the loss of these recently acquired skills as a result of disuse, which frequently occurs during the summer months away from school.

A secondary, and very important, purpose of the Clinic, was to train our teachers in the early identification of learning disabilities and the techniques necessary for their remediation. All our teachers-in-training were registered and working to earn credit toward their Diploma in Special Education through the McGill University Department of Special Education, under the direction of Professor Howard Stutt. Our programme, therefore, provided teachers with the same number of credits toward this Diploma as they would have earned by taking two academic courses during a full McGill University winter programme. All the teachers paid tuition to McGill for the courses, we provided the practical learning situation and our children and their parents reaped the full benefits of this experience.

## 111. ORGANIZATION OF THE CLINIC

The Clinic consisted of a four-week daily programme for the children, preceded by one full week of teacher-training, and followed by one full week devoted to assimilating and discussing our experiences, preparing written reports for the schools and parents and interviewing all the parents with regard to this report, which contained specific recommendations for themselves and their children.

The professional staff of the Clinic consisted of the Director, four team leaders, who are full-time employees of the Commission and certified and experienced Special Educators, and sixteen teacher-trainees. Because our Commission serves a bi-lingual population, our Clinic was as bi-lingual an operation as qualified man-power would permit, subject to the fluency in the 'other' language of all concerned.

One of the four teams of teachers was our French-speaking team and they not only worked entirely in their own language, but discussed their children in French with all of us daily - while the English teams discussed their children in English. Wherever possible, we had deliberately chosen teachers for the Clinic who had considerable fluency in the other language - and this selection 'paid off'. The ease with which we communicated at all times, and the sense of humour obvious even when discussions became highly technical ( and therefore sometimes most difficult to remember to translate) is a reflection of the very high calibre of teacher employed by our Commission, the quality of human being who chooses to become a 'Special' educator and to give up a summer for professional and personal advancement, and generally the very impressive dedication of those who have chosen the profession of educator.

III. Organization (continued)

Originally, it was planned to select two French-speaking teams of teachers and three English-speaking teams, so that the bi-linguality of the Clinic would not be completely 'out of balance'. However, apparently due to lack of teacher volunteers from our French schools, we had to proceed with the less desirable proportion of one-in- four. The lack of French teacher volunteers is quite understandable when one considers:

A. that the Diploma Course is offered by McGill University and some uncertainty still remains that it will be fully accredited by the Université de Montréal;

B. that it is one thing to ask teachers to volunteer to work and study for five extra weeks in the hot summer when the possibility of university accreditation is assured; it is an entirely different matter when accreditation is only a possibility;

C. that the English teacher volunteers had already completed most of the other credit requirements for the McGill Diploma after two full winters of classroom lectures - while the French teacher volunteers would only be commencing a Specialists Diploma Course.

A. Team Leaders: Our four team leaders were responsible for slightly different numbers of teachers and students, based on their particular talents and the needs of the Clinic, and they also accepted responsibility for one or more specific academic or artistic area of the Clinic programme.

Two of the teams were composed of a leader, five teacher-trainees and six students. Each teacher and team leader was responsible for the conduct, development and education of one child.

One team leader supervised one extra teacher who, though not responsible for one child, worked on a one-to-one basis daily with eleven different children as a research consultant on the Language Master machine (please refer to Attachment A for evaluation). This team of leader and six teacher-trainees

III. Organization (continued)

actually served six additional children.

One team leader, because of his particular talent, specialized training and experience within our Commission, accepted the responsibility of the complete Gym programme in the Clinic. This aspect of gross and fine-motor training is so exceptionally relevant to the problems of the learning disabled child (and certainly of most of the children selected for Summer Clinic '72) that M. Dufresne was freed of the additional responsibility of working with one child himself, as well as supervising his team of four teacher-trainees and their four children.

In addition, because of specific orientation, preference, talent and training, one team leader was responsible for the Language Arts in-service training and remediation programme of the Clinic; another was responsible for the Mathematics remedial programme; and the third for the Art, Music and Rhythm aspects of our Clinic.

B. Team Work - As indicated above, one team of Leader, 4 teachers and 4 children; one team of Leader, 5 teachers and 5 children; and two teams of Leader, 4 teachers and 5 children, meant that excluding the Director, 21 teachers worked with 19 children. Part of each day was spent on individual, one-to-one remedial academics, part was spent in small group activities (artistic and academic) involving the whole team of 5/6 teachers and 4/5 children; and another part of every day with all 19 children and 22 adults involved in the same activity.

This was deliberately arranged to expose the children to situations involving both individual, small group and large group activities - to duplicate as closely as possible, the child's normal school experience while still providing him with a considerable amount of individualized, one-to-one remedial instruction, re-designed and evaluated each day in accordance with

III. Organization (continued)

B. Team Work (continued)

his specific needs and daily progress. We were continually conscious of the fact that all the children were expected to return to a normal classroom situation in September, where very limited amounts of individual instruction would be available to him - and that we should not permit him to either become dependent upon only individual instruction (and apparently some teachers, principals and parents fear that permitting him the luxury of a one-to-one Summer experience is impractical and possibly detrimental in terms of returning to a 'normal' classroom situation). We, therefore, designed our daily programmes with all aspects of group and private instruction in mind at all times.

C. Our Children: The criteria used for the selection of the 19 children were the following:

a) at least average intelligence

b) A disability such as impaired visual and/or auditory perception, gross-motor and/or fine-motor difficulty, dyslexia, etc.

c) would be a pupil drawn from a special education class, OR might not have been receiving prior individual remediation.

d) would have the potential to realize a significant improvement in a very short period of time.

The availability of the parents to transport their child to the Clinic did not have to be taken into consideration primarily because of the volunteer drivers of the Lakeshore Volunteer Bureau who had offered their excellent services as for Summer Clinic '72. No child, therefore, was refused on the basis of lack of transportation by his parents.

When final selection was completed, actually very late in June (particularly when one child already accepted moved out of the Commission territory in late June - and a last minute replacement was easily located)

III. Organization (continued)

C. Our Children (continued)

we find the following surprisingly normal distribution of children's ages, schools and even the districts served in very close approximation to our relative student population distribution.

Our 19 children, ranging in age from 6 to 10 years, were drawn from Kindergarten to Grade 3 in the proportions indicated. They came from two French schools (Ste. Genevieve (2) and St. Remi (2) and from seven English Schools (Corpus Christi (1); Fathers of Confederation (2); Kirkland (2); St. Bernard (3); St. Edmund (2); St. John Fisher (2) and Wilder Penfield (3).

The proportion of boys to girls (15 to 4) sounds quite lopsided but is consistent with the proportions of boys to girls in a normal population identified as suffering from learning disabilities.

| | | |
|---|---|---|
| AGES of children: | 6.0 - 6.11 years | 3 children (1 girl, 2 boys) |
| | 7.0 - 7.11 years | 7 children (2 girls, 5 boys) |
| | 8.0 - 8.11 years | 7 children (2 girls, 5 boys) |
| | 9.0 - 9.11 years | 2 children (both boys) |

| | | |
|---|---|---|
| GRADES from which they were drawn: | Kindergarten | 2 children (1 girl, 1 boy) |
| | Grade 1 | 8 children (2 girls, 6 boys) |
| | Grade 2 | 6 children (1 girl, 5 boys) |
| | Grade 3 | 3 children (all boys) |

Municipalities Served by the Clinic: The nine schools served by the Clinic are located in the following municipalities served by the Commission and in the numbers indicated:

| | | |
|---|---|---|
| Beaconsfield | 1 girl | 4 boys |
| Dollard des Ormeaux | 1 girl | 5 boys |
| Pierrefonds | | 4 boys |
| Pointe Claire | 1 girl | 1 boy |
| Roxboro | 1 girl | 1 boy |
| TOTAL | 4 girls | 15 boys |

III. Organization (continued)

C. Our Children (continued)

Problems of the Children: Very broadly categorized, the children were identified as requiring remediation in some of the following areas of their development, most children experiencing a half-dozen deficits:

| | |
|---|---|
| Problems of Social Behaviour | 9 children |
| Problems of Attention or Distractibility | 5 children |
| Problems of Hyperactivity or Impulsivity | 3 children |
| Visual Deficits, Visual Perception, Memory | 6 children |
| Auditory Discrimination, Memory, etc. | 4 children |
| Limited Listening Skill Development | 6 children |
| Speech Immaturity or deficit | 9 children |
| Language Disability or deficit | 5 children |
| Reading or Language Arts deficit | 10 children |
| Maths or Number deficit | 9 children |

Without exception, the children were either extremely poor writers or disliked writing so intensely that novel ways had to be found to entice them to submit academic work in a written form. Again, almost without exception, our children were noted to have a poor rhythmic sense and to require much help in this area. All the children were suffering from feelings of poor self-worth.

D. Our Teachers:

Our teacher trainees were drawn from fourteen different Baldwin-Cartier Schools and return more experienced and considerably more knowledgeable of children and learning disabilities. We were most fortunate to obtain the services of one teacher each from Ecole Dollard des Ormeaux, Ecole Ste. Genevieve, Corpus Christi, Kirkland, Regina Caeli, St. Bernard, St. Charles, St. Luke, and St. Thomas (English) - two teachers from the Centre de Readaptation, Fathers of Confederation, St. John Fisher and Wilder Penfield Schools, and three teachers from St. Edmund School. We shall not forget that these dedicated teachers gave of themselves and their money in the name of service to their children and to further their own qualifications, experience and personal development.

III. Organization (continued)

E. Location

The physical location of the Baldwin-Cartier Summer Clinic '72 was our own Centre de Readaptation at No. 5 Ste. Anne Street, in Pointe Claire, the school for learning disabled children of the French schools of the whole Commission. Our teachers moved into the Centre on the last Monday of June for one week of orientation, in-service training and preparation to receive the children; The children attended mornings from 9 A.M. to 12:00 Noon for the four weeks of July; and the teachers continued on at the Centre for the final week of evaluation, report-writing and parent interviews until August 4th.

F. Material

In addition to working with just our own children and teachers, we worked primarily with the wealth of material that is used in all our schools by the experienced Remedial Teachers, by Kindergarten Specialists, and by talented and resourceful classroom teachers. This type of operation requires a wide diversity of equipment and material if:

a) the children with such varying disabilities are to be remediated;

b) the teachers are to be exposed to an extremely broad range of material, techniques and methods.

Accordingly, we sent our teachers on what we jokingly referred to as a 'raiding party' to their 'home schools' to beg or borrow all manner of material, games, charts, books, art supplies, etc., and this was dispersed throughout the entire Centre in order to be available to all the teachers and all the children.

We were provided with a cash budget for purchase of usable material such as, scribblers, pencils, chalk, crayons, art materials of a remarkable variety, cookies and apple juice for the children, and coffee for the parents and teachers.

We needed some very large equipment in order to present a comprehensive Gym Programme of fine-motor and gross-motor activities, and this, too, was gathered

111. Organization (continued)

F. Material (continued)

from a number of our own schools during the week before our children arrived.

G. Transportation:

Since the services of the Clinic were provided free of charge to all the children, it was considered reasonable that the burden of transporting their own children could logically be borne by the parents themselves. As indicated above, we made it abundantly clear to all our schools that no child would be 'passed over' because of his parents' inability to transport him to and from the Clinic.

We met with the most remarkable co-operation between the parents of our Clinic children, who offered to share rides, and a couple of mothers even transported their own child AND one or two others to and from the Clinic every weekday for the whole month. To those who accepted the additional burden of being responsible for extra children - our most sincere 'Thank You'.

Despite the co-operation of the parents, who had cars and were willing to share, we had to take advantage of the offer of the Lakeshore Volunteer Bureau and its Director, Mrs. Betty Russell, to find volunteers to transport THREE of our children whose parents had no cars and who lived too far away from other parent drivers.

As a result, every Monday in July, Mrs. Hicks made two return trips to the Centre to transport one boy to and from Senneville and two others to Pierrefonds North; on Tuesdays, Mrs. Lansing made the two return trips; on Wednesdays, it was Mrs. Rennie who drove; on Thursdays, Mrs. Shergold made one trip and Mrs. Charters made the other: on Fridays, Mr. Gibbs drove for us. We cannot possibly express our thanks and those of the parents and children sufficiently to these modest and generous people. We have known for years that this kind of neighbourly volunteer act is repeated many times daily by a very large number of such volunteer West Island residents. They drove our children daily last summer and were quick to volunteer to do so again for Summer Clinic '72. Thank you sincerely again.

III. Organization (continued)

H. Secretarial Service:

Another service to the Clinic provided by Mrs. Russell and the Lakeshore Volunteers was locating two young Lakeshore High School students as our Secretaries, telephone answering service, duplicating-machine operators and to perform the dozens of other menial tasks required in the Office to keep things 'rolling smoothly'.

To Jane Currah and to Scott Cawthorne, who gave so willingly of their time and so freely of their energy, enthusiasm and pleasant selves, we say 'Thank you from all of us!" We would have liked to have found some concrete token of our appreciation to present to you both, but we must apologize for having left you with the briefest of rushed 'Thank you's'. Your presence was vital to our work with the children; your gift to us of your time and energy will long be remembered. You are both outstanding representatives of the high calibre of young person we know dwell in our midst and who more and more frequently now place themselves at the service of others. Thank you again, particularly from our little people.

IV. TEACHER PREPARATION - In-service Training.

A. Ted Wall - McGill Motor Training Expert

As early as the end of May, when our teacher-trainees and Team Leaders had been chosen, the Leaders began to meet regularly to plan our in-service training programme for the teachers and the remedial programme for the children.

Because of his involvement in the previous Summer Clinic as Team Leader at St. John Fisher School, and his outstanding involvement in the education of teachers of children with motor problems, we obtained the services of Professor Ted Wall of the Physical Education Faculty of McGill University as lecturer. Remarkable because of his out-going personality, enthusiasm and broad knowledge of the subject, Ted presented two 2-hour lecture-demonstrations at McGill in the evenings of early June. Ted was not available for the in-service week at the end of June and our teachers travelled to McGill without thought of the inconvenience. When they met Ted, they knew the trip was well worth the effort involved in going into the city.

Ted covered the area of motor training; teaching behaviour and motor skill learning; gross-motor activities for the exceptional child; progressive learning experiences for catching as an example of motor skill learning. He taught us a variety of body image activities, many group games and he particularly stressed the importance of games for motor training of poorly-co-ordinated children if they are to enjoy developing skills that do not come easily to them.

Not only was Ted most informative and inspiring but he in turn wrote to the Director commending us upon the very high calibre of teachers who worked in the Clinic, "a very fine group who should work well with the children and with each other". And he was right on both counts.

IV. Teacher Preparation: In-Service Training, (continued)

B. A Psychologist's Evaluation

Beginning the daily training sessions for the teachers at the Centre the week before the arrival of their children, the Director, who, as School Psychologist, had evaluated 13 of the 15 English children accepted for the Clinic, demonstrated a typical psychologists's evaluation session for the teachers.

One of the boys who was to join us the following week in the Clinic was presented with his mother's kind co-operation and much insight was gained by all teachers as to the specific material used by a psychologist to determine areas of weak development, lack of particular skills, strengths, personality traits, the boy's adjustment to the abnormal test situation, etc. This demonstration was presented in order to make the information contained on each child's file more meaningful to the teacher-trainees who would have to turn that information into specific lesson plans, and to use some of it as a focal point for selection of particular remedial material and methods.

C. Our own Motricitist's Motor Testing Demonstration.

Having heard Ted Wall's presentation of a theoretical structure of motor training, we then turned to our own M. Guy Dufresne, Motor-Visual Specialist of the Centre de Readaptation to demonstrate for the teachers the intricacies of his complete motor testing. Guy made it quite clear that each teacher would be expected to complete the full motor evaluation of his/her child and to analyze the results in order to identify a minimum of three weak areas of motor skill development in the child. With these three areas isolated for particular attention, Guy and the teacher would then proceed to design a special programme of motor training for each child in the Clinic.

Guy's test is complete and detailed. It is the kind of thorough test that all special educators seek, but rarely find - one that gives them detailed information of the strengths and weaknesses of any child in such areas as handedness, eye-hand-foot preference, knowledge of body parts, posture control, static and dynamic balance, co-ordination of eye and hand, of facial movement and general

IV. Teacher Preparation : In-Service Training (continued)

C. Motricitist's Motor Testing Demonstration (continued)

physical co-ordination; fine motor, including pencil control, ability to use fingers and thumb separately; dissociation, i.e., ability to use hands and feet separately and together, rhythmically or otherwise; relaxation ability standing, throwing and walking; child's ability to structure space for himself, and his knowledge of right and left sides on himself and others; and various tests of rhythmic ability with a pencil, his muscular control of his body, his ability to write and to draw both freehand and with a model to copy. As indicated, this is one of the most detailed evaluations of fine and gross motor tasks that we have found and one which Guy trained all our teachers to administer and around which they created his individualized motor training programme.

D. Language Master Demonstration

In Summer Clinic '71, the Bell and Howell Representative, Miss Myra Johnson, demonstrated the Language Master, an audio-visual Instructional System, during the in-service week. It was the feeling of some teachers that by the time that they were ready to see the need for the machine, (which was provided free-of-charge to the Clinic by Bell and Howell) Miss Johnson was not available and the teacher could not remember all the intricacies of the machine and the way to use it most effectively.

Based on this experience, it was decided that for our Clinic, we would do a thorough study of the possibilities of using this Language Master machine in Special Education situations in our Commission - and we thereby assigned one teacher to work exclusively as the Language Master Consultant. As she familiarized herself with the machine, she prepared cards for any teacher or child whose problem in reading appeared suitable to Language Master application, she worked daily with eleven of the English-speaking children, submitted a report on each child's progress with Language Master. Her appraisal of Language Master as a useful and necessary remedial tool for non-verbal, timid children; for impatient, frustrated or perfectionist children; for excitable children, for immature children; and for those children who had been turned-off reading is

IV. Teacher Preparation: In-service Training (continued)

D. Language Master Demonstration (continued)

is included as Attachment 'A' to this report.

E. Language Arts Remediation Demonstrations

Mrs. Gwynne Foster and Miss Gail Monaghan demonstrated and discussed the intricacies of a very large variety of remedial techniques and specific remedial material that the teachers would have at their disposal during the Clinic. They discussed and demonstrated the Glass Cards, Words-in-Colour, Stott's Head Start and Flying Start, TRI for very early Kindergarten children, Specific Skill Builders, the Continental Press Material, Sullivan Readers, Merrill Linguistic Readers, Primary Phonetic material, Stott's Brick Wall Game, etc.

The remedial material with which Mrs. Foster and Miss Monaghan have become expert over the past few years in the service of the children of our Commission, is almost endless in its variety and possibilities for adaptation to the needs of specific children. Both of these capable Team Leaders made themselves available throughout the entire Clinic not only to members of their own team, but to all the teachers - particularly in the areas of remediation of Language Arts problems.

Mrs. Foster also demonstrated and discussed some of the Fine Arts and Crafts material she would be presenting to the teachers for various group projects and discussed the possibilities of using this Craft work to re-inforce number concepts and facts, to improve fine motor control, to remediate eye-hand and visual-perceptual problems, etc. The large variety of art objects brought home by the children almost on a daily basis was due primarily to Gwynne's inspiration and exceptional talents in this area.

IV. Teacher Preparation: In-service training, (continued)

F. Mathematics Remediation Demonstrations

Problems in Mathematics being common to all children with or without learning disabilities, the area of Maths remediation is one of particular importance. Frank Murray handled a Maths demonstration as a very necessary part of our teacher-trainees' preparation and, though his recent experience has been with older elementary school students in his class for the Severely Learning Disabled, he indicated a thorough knowledge of the problems of the child who is just beginning to grasp the most elementary maths concepts and to develop the most basic maths skills.

For a slight change of pace, we obtained the services of Miss Jill Golick, a student from the High School of Montreal, who does private remedial mathematics tutoring with the aid of Playing Card Games. Jill's mother is senior psychologist of the Montreal Children's Hospital Learning Centre and has written a book ( not yet published) about the unique ways playing cards can be used to improve children's maths skills without them suffering or even knowing they are doing quite complicated mathematical computations. We all found this demonstration informative and many of the demonstrated games were used in small groups throughout the days of the Clinic. Now, when classroom visitors see our children playing cards during their school day - they will be told that this is the philosophy of the Summer Clinic, and the children are not just playing, they are learning at the same time, and, finally, learning is not so boring to them.

G. Yves Laferriere, Optometrist

One teacher-training session was assigned to M. Yves Laferriere, a Pointe Claire Optometrist, who acts as regular consultant to the Centre de Readaptation throughout the school year.

Yves is well-known to all of us, had evaluated and had designed visual-motor training programmes for many of the children in the Clinic, prior to their acceptance. Primarily, he discusses the differences between seeing and

IV. Teacher Preparation: In-service training (continued)

G. Yves Laferriers, Optometrist (continued)

useful vision: how a teacher or parent can spot a potential vision problem; and generally, how he works with the children to remediate their visual motor deficits.

This was a very worthwhile afternoon and Yves then made himself available to return to discuss vision problems of the individual children. He also forwarded detailed reports on all the Clinic children he had known, and was a strong support to us throughout the days of the Clinic.

H. Films as Training Media

Three occasions throughout the Clinic we presented films to our teachers and our parents, films relevant to children with learning problems and to their education.

One of these is the property of the Quebec Association for Children with Learning Disabilities, is called "Early Recognition of Learning Disabilities" and was the source of stimulating discussion and much insight into the world of the learning disabled child and his parents and teachers. We rented this film from the Association for a week, several teachers looked at it a second time, we used it with a group of parents and our Social Workers and were all struck by the usefulness of such a film as an introduction to parents of a future Clinic's children - who are at the stage of trying to figure out exactly what it is the teacher is saying that is wrong with their child, and just how serious a situation has occurred in their family.

Another film, entitled "Children are People" which deals with cross-age grouping of children and integrated learning from Kindergarten through all the elementary grades - was shown in two sections due to length - appeared more relevant to discussions and insights for educators rather than parents. This is the direction in which many teachers believe the modern system must be headed - and was well worth exposing to our teachers for their consideration and discussion. Should we remain contented with what we have at the moment?

## V. The Clinic Programme

### A. Introduction

Our daily 3-hour programme with the children was a combination of activities designed to remediate individual academic deficiencies, socialization problems, problems of attention, distractibility, insecurity, etc. (and all problems outlined on page 9 of this report) which our little ones possessed in varying proportions and combinations.

Since most of our children were products of unsuccessful attempts and frustrations in prior learning situations, we had to work for changes in attitude toward learning, improvements in self-concept, etc. Much of our programme was geared to the social aspects of learning and living with adults and the peer group - if we were to instill in the children a new desire to learn and to live peaceably with themselves. Our programme therefore was designed more toward the group experience than the "private tutor" aspect which one would expect in a situation where 21 teachers are working with 19 children.

### B. Scheduling

Although each child's programme was individually designed and modified on a daily basis, we had to organize ourselves around one or two focal points in our physical arrangement. We arrived at a split schedule whereby three days per week we scheduled ourselves around the use of the Gymnasium, the other two days we scheduled around the use of the Swimming Pool - both of which are primarily gross-motor in basic orientation, but social, to a greater degree than one would expect.

### C. The Gymnasium Programme

With a well-defined and very detailed gross-motor screening mandatory for every child in the Clinic, Guy consulted with every teacher in designing the child's own programme - and was present in the Gym for consultation when any teacher or child was there.

V. The Clinic Programme (continued)

C. The Gymnasium Programme (continued)

We cannot over-stress the importance of the detailed screening procedure despite its length and detail and the time involved in administering all the sub-tests. With Guy as our inspiration, there was no possibility of any teacher working on the gym material without fully understanding the WHY's of each piece of equipment, the purpose of each exercise and the numerous ways in which to remediate each deficit.

Guy continually surprised us with his remarkable store of unique exercises and his creative use of even the simplest piece of equipment. Frequently, we found Guy encouraging the child to attempt his own creative ways of using the equipment to suit himself and in a manner in which he enjoyed working in the gym (which previously had been a place of terror to many!) This is possible only if you know what specific areas you must concentrate upon in your programme, and with our full motor screening as a focal point, this was always possible.

We used all the Brian Cleary material so popular with our Special Educators, and found new ways to use these balance beams, boards, image box, etc. We were also amazed at the possible uses for simple material like ropes, sponges, wooden blocks, plastic hoops, barrels, etc., when one with Guy's training gives full reign to his personal creativity.

Naturally the trampoline was the most popular single piece of gym equipment in the eyes of the children - confirming every teacher's belief that no school gymnasium should be without the full availability of this valuable and expensive object at all times. If the trampoline were only used as a means of motivating a child to approach the whole subject of his own physical limitations with more patience and to see the gym as a 'fun' and pleasurable place for even the most poorly co-ordinated child - the price of the Trampoline would be justified.

V. The Clinic Programme (continued)

C. The Gymnasium Programme (continued)

Working on a one-to-one basis, teacher-and-child, with a talented visual-motor specialist present and available at every moment, is clearly an ideal teaching situation, not practical in a normal school on an average day. However, we were dealing with children with many severe problems and the associated avoidance behaviour resultant from prior failure -- and we were training remedial specialists and regular classroom teachers to look at motor-training and simple inexpensive material and its potential for education.

We looked at the gymnasium as a place to work with children to develop their Auditory Memory, their Visual Memory, their sequencing ability, counting, alphabet training, etc., in addition to the more obvious aspects of rhythm training, muscular co-ordination and development, eye-hand co-ordination training, body image training, etc.- and we exposed our teachers to a new world of possibilities for education.

Guy Dufresne's stress upon relaxation training is one that none of us will overlook in the future. In this hectic world in which our little people are being raised, particularly with their physical inefficiencies, we MUST find ways to help them to relax and to take themselves and their important lives much more peacably. The Gymnasium is a remarkable place in which to develop self-concept - and we will not easily forget this fact.

NOTE: Attachment 'B' hereto is M. Dufresne's own evaluation of the Gymnasium Programme.

And so, every child worked in the Gym with his teacher for at least one full half-hour every second day. Those with severe motor problems worked there every single day. And everyone moved to the swimming pool for that programme on Tuesdays and Thursdays for the whole month of July.

D. The Swimming Pool Programme

When the decision had been made to locate our Clinic in the Centre de Readaptation in Pointe Claire, which just happens to have one of the

V. The Clinic Programme (continued)

D. The Swimming Pool Programme (continued)

privately administered, City of Pointe Claire swimming pools less than 500 yards away, we approached the pool administration for permission to incorporate a swimming programme into our Summer Clinic '72. Having to operate on a limited budget, we had hoped to secure its use without charge - however, this was not possible and the further decision to charge the parents a fee of $5.00 for eight half-hour sessions was taken. All but three parents found it possible to contribute in this manner, and, therefore, the Swimming Pool only cost our Commission $20.00 - and the use of the pool was clearly worth this cost,to Commission and parents alike, and, to be selfish about it, we reaped the benefit.

It would have been psychologically damaging to the children, all of whom frequent swimming pools at home during the summer mornings in a normal July period, to have been denied the use of this fine pool, which they could see outside the school window at all times. We had no problem keeping the children busy during these hot July days, but everyone benefitted from this additional facility and the fun of sharing another experience in a large group.

Very fortunately, two of our teacher-trainees were fully qualified swimming instructors and one of them had worked on a special motor training programme at the Pointe Claire swimming pool for the past year. Through this pool, we tested all our children, classified them objectively according to swimming ability - and managed to present each child with a swimming badge, which he had earned during the eight short sessions he spent with us. Some of our teachers managed to learn a few things from the children who turned out to be much more at ease in the swimming pool than in any other situation in which we placed them throughout the Clinic, and on those hot days the children and teachers really needed the swim and appreciated it.

V. THE CLINIC PROGRAMME (continued)

E. The Remedial Academic Programme

As indicated, the focus placed upon specific academic remediation on a one-to-one basis must be basic to any conceivable Clinic for learning disabled children. All our efforts were geared toward helping our little ones to learn HOW to learn, and every conceivable piece of material that could be purchased, borrowed, made by hand, created or acquired in any other way, was placed at the disposal of the teachers to use with their children.

Teachers worked alone with their child for some part of every Clinic day; they worked in their team with five teachers and five children; they worked in combinations of two teams together; they worked at times with all four teams of 21 teachers and 19 children in the one activity.

The individual sessions were the most intensive and often the most traumatic ones for the discouraged or 'turned-off' children. The large group sessions were the most FUN for all concerned. But, because no two children are ever alike, we found some few who preferred the individual sessions and did NOT find them undesirable; we found others who hated the large group activities and they were usually those who could not cope with over-stimulation or noise. All the children were exposed to all these situations, and, based upon our observations, we made logical recommendations to their receiving teachers and to their parents at the close of the Clinic.

F. The Juice Period

One important part of every day's activities was the juice time, when the children were given the responsibility of counting, pouring, carrying and serving, juice and cookies to the other children, and coffee to the teachers in their own group. When a child has to write down an order, read it back, locate the juice, cookies and coffee, prepare the order in accordance with his written instructions, then carry it back upstairs, serve it and share it with ten other people; he is thereby developing reading skills, maths skills, memory skills, gross-motor and fine-motor skills- even though most of us don't look at this kind of activity in such a manner. It is precisely this fact: that

V. THE CLINIC PROGRAMME (continued)

F. The Juice Period (continued)

every activity has possibilities for developing a large number and variety of skills in a child - that our teachers were trained to consider for the future.

The social situation of sharing food and personal conversation with a group is also an important aspect of our Juice Period. It was a time to which everyone looked forward in order to get 'closer' to each other. Strong feelings were expressed, felt and shared as our little people learned to BE, to LOVE and to SHARE.

G. Our Arts and Crafts Period

Under the inspiring direction of Gwynne Foster, one of our Team Leaders, every day each group became involved in an Art and Craft project, and every day we saw another child rush to his mother or father to present them with the product of their own hands. They may have been inadequate from an artistic standpoint, but were always a work of sheer love and a true reflection of self.

The children's craft work included:

1) Making their own Bean-Bags to use at home for eye-hand co-ordination training. After weighing the beans, counting, measuring, cutting and stitching - they had them to take home and use.

2) They made napkin holders from wood, popsicle sticks and colourful raffene. Again fine-motor, counting and measuring skills were developed here.

3) All our groups worked with CLAY, which was forced into the most remarkable shapes (and then taken away to John Abbott College to be fired and glazed by Mrs. Foster's talented son) and returned to the children true works of art to be presented to proud parents and grandparents, or retained for their own pleasure. The teachers learned the possibilities in this activity for relaxation, the sheer physical pleasure of kneading and working the clay and shaping the object, the pride and pleasure in beholding 'MY' completed work of art.

V. THE CLINIC PROGRAMME (continued)

G. Our Arts and Crafts Period (continued)

We made our own colourful papier-maché masks, did finger and brush painting, worked with plasticene, cut and prepared colourful and artistic collages; we used plastic tape and leather to produce beautiful wallets; we used plastic tape and cardboard plates to lace decorative plates and wall plaques.

We cannot truly assess the worth of the Arts and Crafts products to the children - only their pleasure, personal satisfaction, memories and feelings of self-worth can testify to the success of this work. To the teachers, many of whom were exposed to some of this work for the first time, and many of whom produced their own art work with the children - the importance for education and the wealth of information that can be shared with all the children to come in contact with them in the future, will testify to the reason for including the Art and Craft period in the Clinic. Thank you immeasurably, Gwynne!

H. Music and Rhythm Periods

As often as time permitted, and less frequently than we had originally planned, all the teachers and children worked together to rhythm records, walking, dancing, clapping and counting. Using a great variety of rhythm instruments and hands and feet we learned an amusing dance based on the number SEVEN, and, although this was an exhausting situation on a very hot day for an even slightly over-weight teacher, the children enjoyed this work despite the fact that most had co-ordination problems and an undeveloped sense of innate rhythm.

Our music sessions with Frank Murray and his guitar, and with Thelma Hunter and her song about 'Napoleon', were other high spots of the large group, bi-lingual, great 'fun' situations we all appreciated.

V. THE CLINIC PROGRAMME (continued)

I. Our Field Trip and Nature Study

Due to the large number of experiences we had planned to present to the children, we were only able to find time to take off one school morning for a field trip. That still left us with only 18 mornings in July in which to strive for some mighty ambitious goals. Our one trip was out to Ste. Anne de Bellevue to the Morgan Arboretum of MacDonald College.

We went there on a rainy day, had been forewarned to bring rubber boots and large quantities of insect repellent, and all enjoyed another exciting and stimulating experience. We split into two large groups this time, one composed of the French-speaking team and supplemented by the half-dozen children from English schools who were at ease and quite fluent in French, for a presentation by a French-speaking student from MacDonald. The other group received an exposé in English, of the great variety of plants, trees and shrubs that grow in such abundance in the Park.

Our children have such good feelings about the things of nature and were so responsive to the outdoors that teachers were constantly impelled to take the classroom outdoors - a marvellous opportunity in a setting such as the Centre, where we located the Clinic. The Centre is located out on the 'point' of Pointe Claire and every day we saw more and more children and their teachers wandering down to the water's edge, sitting in the grass and beside the water, talking, learning and relating to the impressive natural surroundings. This was an education in nature without a doubt!

VI. THE TEACHERS PROGRAMME IN JULY

A. Introduction

While our children came to us for three hours daily for the month of July, very important work was being done by our teachers before the arrival of the children each morning, and for at least three more hours after they went home at noon.

Last year, we discovered some lack of understanding (and, therefore,

V. THE TEACHERS PROGRAMME IN JULY

A. Introduction (continued)

acceptance ?) of our Clinic Programme on the part of a few of our educators, based on their claim that a one-to-one teaching situation is impractical and something we cannot permit a child to become dependent upon, when he will return to, and normally function in, a large, active classroom with very little of the teacher's individual attention. In addition, some people claim that training a teacher to design a unique programme for one child provides her with little experience in working with 30 or 35 children together, as she will probably do all year long back at school.

The following is an attempt to provide some insight into the kinds of teacher experiences that DID prepare teachers to work with more than one child, that DID indicate that teachers learned about much more than their one child, etc.

B. Noon-Time Discussions

Our answer to these objections is in the form of what goes on in the Clinic after the children depart. In Summer Clinic '72, every day, we grabbed a quick bite of lunch (if we didn't mind the resultant indigestion) or we ate our lunch while the group discussions took place.

Starting immediately upon the final departure of the last parent and child, all 22 teachers and leaders met in the Cafeteria and discussed the morning's proceedings as related to each individual child. For the first of the four weeks with the children, before we all felt reasonably familiar with all 19 children, every child was discussed by his teacher every day. The French teachers spoke in French and were easily understood by the great majority of the English teachers, while the English teachers discussed their children in English and most of the French-speaking teachers understood these remarks. Some small amount of translation was required for both these groups on occasion, or when the terminology became very technical. Every teacher was forced to share some observation, comment, success, failure, feeling, or concern about his/her child, with all the teachers. We restricted our team leaders from monopolizing these discussions as well as they could, based on their broader experience

VI. THE TEACHER PROGRAMME IN JULY

B. Noon-time discussions (continued)

and very strong opinions - their turn would come later with their team. Every teacher quickly learned that we all valued everyone else's opinion, whether he was brand new to a classroom, had been teaching for over 20 years, knew very little about special education, or thought she knew it all. We all wanted to share everyone else's concern and we all contributed in searching for the desired answer to the troubling question. This was large group participation at its best. This meant that truly every teacher learned about and understood the progress of all 19 learning problems, and her sights were extended well beyond her own little child.

Since so much of our programme with the children was in small and large group situations in a wide variety of academic pursuits, every teacher quickly became acquainted with all 19 children and 21 teachers, and at noon discussions, we could all contribute our observations because we had spent some time each day with all children. But working with children is only one aspect of the teacher-training, having to state in words to such a large group of your peers your feelings, observations and concerns, having to ask for help and request others' assistance, having to organize your thoughts and share them with your peers is truly a learning situation. Again, I must repeat, that all 22 adults learned about all 19 children and were not permitted to restrict their involvement to their one child or just to the 5 children on their team.

After the first week, due to the length of the noontime discussions, we cut back and discussed only HALF of the children one day, the other half the next day. Thus, for the last three weeks 10 children were discussed each and every day.

C. Work within the Teams

At the completion of the large group discussions every day, we returned to our teams for a very detailed look at the programme for the following day and had an opportunity there to tap the infinite resourcefulness of the

VI. THE TEACHERS PROGRAMME IN JULY (continued)

C. Work within the teams (continued)

Team Leaders in helping our teachers design different programmes every day. We were able to consider in the Team many of the problems brought out before the complete group at noon which required more serious consideration in a smaller team situation.

By 3:00 P.M., or somewhat later, the Director met with the Team Leaders every day for purposes of daily organization of the Clinic itself.

D. Parent-Teacher Involvement

Although our parents were requesting regular teacher involvement in their large group evening sessions, we restricted that participation to the Director and Team Leaders, preferring to leave the teacher- trainees free to concentrate upon the children and leave the parents in most situations, in the hands of our trained Social Workers. We still believe that the parents had some problems to work through in this kind of sharing situation with other parents, and we kept parent-teacher contact separate. (See Attachment 'C' for parents recommendation in this regard for future Clinics, and Attachment 'D' for the teachers' recommendations.)

However, on the delivery of the children in the morning and again, when the parents came to take them home ( and this is one of the main reasons for requiring the parents to transport their own children, so that there is daily contact with parents in the Clinic) we encouraged, and saw more and more regularly, teacher-parent relationships developing during the month. Aware of the changing children, and concerned that these changes in school should be carrying over to the home, we kept close daily contact in this manner with our parents and received relevant information from them. Every morning, teacher met mother (and often, father) and child at the door of the school, every noon teacher and excited child returned together to greet parent. We observed the manner in which the children left and joined their parents; we observed the parent who had much more on her mind than her little non-learning daughter; the

VI. THE TEACHERS PROGRAMME IN JULY (continued)

D. Parent-Teacher involvement (continued)

other parent, who tended to overpower all of us with her over-concern. Teachers thereby acquired much awareness of the problems a parent of a learning problem child must face on a daily basis. Jane Grey met regularly with all the teachers to relate the other aspects of parent discouragement and frustration at schools, teachers and themselves, and their children, that were brought out at the parent group meetings.

For the parents who had no means of transportation of their own, surprisingly, all found it possible to attend some of the evening parent sessions with the Social Workers, and telephone contact was made with the teachers during the day about their individual children.

In the last week, after the children had completed their work, all the parents were interviewed by teacher and team leader, many with the Director as well. The detailed report ( which was submitted to parents and principals and teachers in the first week of September) was discussed in person with the parents, and this discussion included the specific recommendations that were being made for the child in the home, as well as the other detailed recommendations made for the teachers and the school.

We could not over-stress the importance of regular contact between the parents of every child with a learning problem and the teachers of that child, who sometimes sees the same behaviour, often sees remarkably different behaviour in the classroom. This parent-teacher contact was one of the most important aspects of our Clinic Programme.

## VII. PARENT PARTICIPATION

In addition to the outstanding co-operation we received from all our parents, regarding transporting their own children to the Clinic, paying for the Swimming Pool lessons, sending their children with bathing suits, towels, smocks and running shoes, we wanted to offer specific support to our parents themselves.

One of the most important aspects of our Clinic and one which we feel needs a great deal more care and attention in any Learning Clinic planned for the future, is the extent to which we can, and must, involve our parents in Group Counselling Sessions.

All our parents were interviewed before their child was accepted and a major effort was made to expose them to the realities of their child's particular problems in learning and the possibilities for amelioration of their difficulties - if we were to be allowed to work with their child for a month in the summer.

Our planning for the Clinic included offering more to the parents than regular meetings with teacher, team leader and Clinic Director; we wanted to provide some group discussion sessions for our parents and we felt that these had to be presented by an experienced Social Worker, who was both experienced in group work, but also knowledgeable in the area of learning disabled children, their family relationships, the guilt problems and denial of many of their parents, etc.

Because we had no School Commission Social Worker available to us, we turned to the Lakeshore Community Services, the local Red Feather Agency, with whom we enjoy such good relations and whose talented workers deal with so many of our families already. On very short notice, we were assigned, without cost, and as a public service, the time and talents of Mrs. Jane Gray and Mr. Ken Fitzgerald. They both met every Wednesday evening in July with all the parents who were able to come to the Centre, and on Friday mornings Mrs. Gray met again with any parent who cared to, and was able, to attend.

VII. PARENT PARTICIPATION (continued)

Jane and Ken were the first to admit that they were not knowledgeable in the field of learning disabilities, that they were in the position of having to learn about learning disabilities at the same time as the parents did but, with the able assistance of Mr. and Mrs. Walter Townley, who have a learning disabled son of their own, and President of the Lakeshore Association for Children with Learning Disabilities, the parents were helped to understand some of the problems of being parents to such a child, and to deal with some of their expressed concerns. On another evening, the Director and three Team Leaders spent a good three hours discussing learning problems and children in more detail, with the large group of parents present. These were rewarding sessions and could have been daily sessions in order to answer all the questions of the concerned parents.

Parent observations and suggestions about the Clinic are to be found in Attachment 'C' hereto, but it is worthwhile to repeat here that there was a general request from the parents that for future Clinics we include teachers in all the Clinic parent discussions; that we take greater care in working with the parents of the Clinic children well BEFORE the commencement of the Clinic; and that we attempt to answer their concerns privately before they join a parent group so that they truly understand how their child really is disabled.

That parents WANT to be included in the Clinic, will make themselves available at early morning or late evening and as often as we wish to call upon them - was made abundantly clear to all of us. We must be well aware of our parents' concerns and deep feelings about their own responsibility for their learning disabled children, and we must find ways to help them to 'work through' these feelings and to meet these great personal needs.

We cannot thank Jane Gray, Ken Fitzgerald and Lakeshore Community Services sufficiently for Jane and Ken's great concern and unselfish work, and it is a credit to our parents that Jane is very open to continuing group sessions with our Clinic parents, or with any other parents of learning disabled

VII. Parent Participation (continued)

children - so conscious is Jane that precisely there, in the field of learning disabilities and parents, is a rewarding and necessary job to be done by herself and her Agency. All that our parents have to do is to contact Jane at the Agency and such parent groups will be set-up throughout this Winter.

NOTE: Please see Attachment 'E' hereto, for the Director's own recommendations and observations that this report has been written with the PARENT in mind and his recommendation that copies of this report be given to every parent of a child selected for a future Learning Clinic, in order to give them a clear idea of what is attempted in such a learning situation, what was done in the Summer of '72, and what can be expected realistically by parents of a learning disabled child in a short period of time.

VIII. RECORDING OF SUMMER CLINIC '72

Records have been kept of the planning and operation of Summer Clinic '72 by a number of means. This report is one.

One of our principals, Mr. Gerald Turpin, of Fathers of Confederation, in Pierrefonds, visited us one day and took more than one hundred pictures of us in action. He turned over his negatives to us, and prints of his pictures are now in the possession of our Director of Pupil Personnel Services, Mr. Donald Myles.

Also in Mr. Myles' possession are tape recordings of the comments of our children about the Clinic and their feelings about what happened for them during July of 1972.

Every parent, principal and teacher of a child in the clinic, has received a copy of a detailed report of their child, including a summary of his problems, the reasons for his referral to the Clinic, the aims of the Summer Programme for that child, the activities undertaken with him during the summer, the methods employed which were helpful and those which proved useless, and based upon this work, detailed recommendations to the school and other specific

VIII. RECORDING OF SUMMER CLINIC '72 (continued)

recommendations to the parents.

One of the more interesting and detailed records of our proceedings was prepared by a group of four Lakeshore young people, who, with the aid of an Opportunities for Youth Grant from the Federal Government, came to us with video-tape cameras and prepared a permanent record of some of our activities. Their record includes our work on Stott's Brick Wall Game, the Language Master in action and an assortment of situations where our teachers and children worked together. To these four young people go our thanks for a job well done and very much appreciated.

IX. FOLLOW-UP TO THE CLINIC

So that our hard work will be properly followed during the next school year at least, all our teachers have been charged with the responsibility of personally communicating with each child's receiving teacher. Furthermore, he/she will be required to submit to us a follow-up report before Christmas regarding the extent to which the recommendations were able to be implemented in the school, and a further follow-up interview and report is expected around Easter of 1973. In this manner, we will be able to assure that our efforts were worthwhile and lasting, or that more support and remediation will be required in successive school years.

X. CONCLUSION

In conclusion, a sincere word of thanks to our Director, Mr. Donald Myles, for his inspiration and support always, and to our School Commissioners, who made it all possible by endorsing Summer Clinic '72.

We pray that they will consider the Summer Clinic for Children with Learning Disabilities an integral part of the Commission's Programme of Special Education and, for the sake of the other children who most certainly will need a summer situation as badly as did our 19 chosen children, a plea: Please let us

X! CONCLUSION (continued)

repeat the experience in order to train more teachers to serve more children, and also, so that more children can be exposed to a summer that may change their lives.

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# LANGUAGE MASTER APPRAISAL

July 13, 1972

Having used the Language Master during the Summer Clinic with 11 children who had varied learning difficulties in reading and who ranged in age from 6-10 years, from K-5, I wish to report the following.

For the non-verbal, timid children (I had 4 of these children) the Language Master provided a certain "comfort" and "security" as they knew that since the answers had to go on the short tape on the card, they wouldn't have to say much.

The impatient, frustrated or perfectionist ( I had 3 such children) were able to cope much better knowing that answers could be completed and perfected card by card and then played back as they wished, with no mistakes. This is preferable, rather than having them on a tape recording with gaps where obviously mistakes were erased. In short, the product can be completed and corrected as one proceeds. A Child's set of cards may be put aside while someone else uses the machine. There is no worry about disturbing someone else's work - definite drawback with a regular tape recorder.

The Excitable children ( 2 in our session) were able to hear themselves and realize that others couldn't understand their rapid speech; they had to slow down and relax.

The immature children (2 in this clinic) readily began to improve their tone and sentence structure and to avoid baby-talk.

Although these children were recommended for various reasons, their needs were basic - short vowel sounds; beginning and ending blends. Many of them had never heard their own voices on tape before. The combination of audio and visual helped them to concentrate. As the children advanced, they learned to think faster so that they could put whole sentences on one card. They learned, too, to make their own tape perfectly, without being prompted. A great sense of pride started to develop as so many of them insisted, "Let me try that again'. "

The inquisitive child had the thrill of using all the buttons and of changing the cards to keep his hands busy.

Those who had been turned off reading were surprised when some words they had learned were placed in a sentence and they were able to read it.

Seeing the great accomplishments of the Language Master, I highly recommend it for regular classroom use. I consider it a must for Special Education and Readiness classes. Since it was the most widely used learning device during the Summer Clinic, with such a high rate of success, certainly no Summer Clinic should be without one.

Yvonne Smith,
Language Master Consultant

# RAPPORT DE LA CLINIQUE D'ETE 1972

Commission scolaire Baldwin-Cartier

## COURS EN PSYCHOMOTRICITE

Guy Dufresne
le 7 août 72

OBJECTIF DU COURS:

- La psychomotricité est un domaine depuis fort longtemps effleuré par les professeurs dans leur classe

  MAIS
  - peuvent-ils pratiquement l'intégrer à leur enseignement?
  - Y voient-ils clair?
  - En voient-ils l'importance?

- Donc, la clinique d'été devient une occasion de sensibiliser vraiment les gens à la psychomotricité et à son importance (relation avec les problèmes d'apprentissage scolaire et instrument valable d'éducation et de rééducation.

MOYENS:

Globalement:

Les gens ont à vivre "pratiquement" les différentes étapes de l'éducation ou de la rééducation psychomotrice (dépistage et informations sur les différentes notions et leurs problèmes, séances de travail suivi avec les enfants et prise de conscience des différentes étapes au gymnase et à la piscine).

Concrètement:

Démonstration de l'administration d'un "testing" psychomoteur complet à un enfant (devant les professeurs - contrôle et connaissance d'un instrument d'évaluation en psychomotricité).

Visite d'une salle de psychomotricité et sensibilisation au matériel (différentes possibilités et organisation fonctionnelle du matériel).

Travail pratique guidé par le rééducateur en psychomotricité:

- 3 x 20 minutes par semaine au gymnase
- 2 x 30 minutes par semaine à la piscine

} . occasion de vivre la psychomotricité, sa progression, ses résultats, sa relation avec l'enfant et sa scolarité.

Rapport final: à la fin permettant d'évaluer le travail accompli, les résultats et la valeur thérapeutique comme telle de la psychomotricité.

EVALUATION:

Les gens ont vraiment eu la chance de vivre la psychomotricité dans toutes ses étapes (même si le laps de temps fut court).

Les gens s'y sont vraiment intéressés et en ont vu vraiment la nécessité et l'importance (bienfait pour tous les enfants, occasion d'épanouissement et de découvertes de certains enfants).

Les rapports écrits des différents professeurs à la fin de la clinique confirmaient vraiment l'importance qu'accordaient maintenant ceux-ci à la psychomotricité (bonne connaissance et bon contrôle des notions reliées aux problèmes d'apprentissage et émo-

tifs, possibilités et nécessité d'y travailler en classe).

Je suis vraiment heureux de la collaboration qu'ont démontré les gens et de leur travail.

RECOMMANDATIONS:

Dans les prochaines cliniques, continuer à prévoir du temps pour la psychomotricité.

Allonger les périodes de cours en psychomotricité TROIS dans le gymnase (3 x 30 minutes/semaine) travail plus important avec les enfants et occasion pour le conseiller en psychomotricité d'aider adéquatement tous les professeurs).

Continuer à prévoir 2 x 30 minutes/semaine à la piscine (mais dans ce cas, prévoir le travail conjoint d'un spécialiste en natation avec le spécialiste en psychomotricité).

Réavoir tout le matériel présent à la clinique d'été 1972 (merci à toutes les écoles qui nous ont gracieusement prêté du matériel).

Merci de votre confiance,

Félicitations à tous.

PARENT OBSERVATIONS AND SUGGESTIONS:

As indicated above, our parents were most co-operative and appreciative of all our efforts. We had the odd amusing incident when one child would go home and tell his mother that he had been playing poker and other card games with his teacher and some concern was expressed as to just what was going on. However, when the fact that this situation involved teaching him to add and subtract, multiply and divide, as well as the social aspects of such a situation, and the psychological aspects of enjoying the learning of maths, possibly for the first time, the parents were easily won over.

When pressed to criticize our arrangements and make concrete suggestions for future Clinics - particularly when we indicated that:

a) we had been unable to give the parental aspects of our programme the advanced planning we had wished, and

b) we were operating on a year-to-year basis, not knowing whether or not we would be able to continue next year, concerned that there was a desperate need for this situation to be offered in future years to other parents and children,- we elicited the following comments under these headings:

A. What were the major strengths of the Program?

Answers included:

1. The teachers and the Director
2. Hearing the views of other parents
3. To meet other parents with the same problems and to find out that we were not the only ones.
4. The Director's presence, and talking to other parents with similar children; knowing a little of what your child was doing, and able to do.
5. Overcoming my feelings of loneliness (I'm an only parent with a problem child) helped parents to clarify and focus on problem areas and perhaps rid themselves of misconceptions as they hear other people describe their experiences.
6. Learning of further resources available; meeting other parents with similar children; reassurance - hope that my child can 'catch-up'.
7. Our child is getting a lot of expert attention. The advantages of working with other children who also have problems.
8. Information about the nature of the various learning problems and what the summer school is trying to do.
9. To be able to talk freely and to know that there are

PARENT OBSERVATIONS (continued)

other parents with children with learning disabilities and who don't always know how to deal with them either.

B. What were the major weaknesses of the programme?

1. Not really any, unless you consider the shortness of the clinic.

2. In parent discussions, the questions should be taken in rotation, thereby giving each person a chance to have their say.

3. I did not see any.

4. Not clear enough what the parents' sessions were all about at first; too big a gap between parents meetings, without some direct representation from the teachers, i.e. some people not sure what was being done with their child.

5. Too much time in parents' groups spent discussing individual children's specific problems.

6. We were not informed of what the parent sessions were all about before the programme started. (Clinic) should have started with a parents' meeting.

7. Lack of clear objectives in parent group meetings, and too much time spent defending or questioning individual situations.

8. Parent sessions disorganized, discussion of other children in family not involved in Clinic. Over-domination by some parents, others not given a chance to verbalize. Lack of people in groups of parents trained with proper answers.

9. Parent groups being too large. Things being discussed all over as parents don't show up at all meetings.

C. What suggestions do you have for future parent participation?

1. Would like to have one or two teachers present at all parents meetings as they add much to the discussions which individual parents miss.

2. The truth is, I do not have any suggestions. I say that you have handled this programme so well and you have done a tremendous job.

3. Divisions of groups of parents into similar types of problems.

4. Make sure everybody knows why their child is here (I knew but several people did not seem to.)

5. At first, and perhaps second, parent meeting, a more precise introduction would help i.e., what the scope of the parent meetings will and will not be. Someone like Mr. Gallagher might perform the introduction, even if he does not want to attend the complete sessions for various reasons.

6. If anything can be done to get both parents to attend together, it would be beneficial to us all.

PARENT OBSERVATIONS (continued)

7. Inform people how the pool, gym, etc., really help kids to learn; again, I know, because it has been explained to me, but other people did not seem to understand completely.

8. Please feel free to call me for any help with other parents if you wish. (This from one of our most co-operative, knowledgeable and committed young parents!)

9. Possibly a program for each parent session announced in advance; what will be discussed; and try to stick to it.

10. Tell us more how we as parents can help.

11. More structure in parent meetings - chairmanship to keep the discussion more relevant to the Clinic.

12. Organization of parent meetings - meeting kept to one conversation at a time; questions to be asked and people able to each supply their answer; more specialists in attendance at parent meetings.

13. Smaller groups of parents with children that have problems that are about the same. Setting of time, say from 7.30 to 8.30 P. M., as I found these meetings tend to go on too long (myself 'at fault' included!)

In addition to the written suggestions quoted above, the parents offered us the following recommendations or suggestions in person during the last evening discussions which the Director and Team Leaders attended:

1. Since there appeared some concern about the possibility of the Clinic being continued another year, for strictly financial considerations, the parents suggested approaching the Parent-Teachers Association, or the PACE group in each school and ask them to make available a SCHOLARSHIP FOR ONE CHILD FROM EACH SCHOOL AND A SCHOLARSHIP FOR ONE TEACHER FROM THEIR SCHOOL TO ATTEND THE SUMMER CLINIC.

2. The parents suggested a fee of around $50.00 per child as not being an unreasonable amount to expect the parents to be willing to pay. If any child's parents were unwilling or unable to face this cost, then access to the PACE scholarships in each school would be a manner in which to help out the children who need the help and would not be able to afford it.

3. Some parents indicated a desire to meet on a regular basis with the present Clinic '72 teachers AS A GROUP to continue to discuss the problems of the learning problem child - some feeling that even once per week throughout the winter following a Summer Clinic - would not be an unreasonable frequency for these meetings..In effect, the parents were expressing a desire for follow-up directly

PARENT SUGGESTIONS (continued)

with themselves and not just confined to the children and their new teachers.

TEACHER RECOMMENDATIONS:

In one of the final sessions we encouraged our teachers to make specific recommendations as to ways and means by which we could improve future learning clinics. We all hoped that this programme would be continued annually but were also well aware that it is a costly programme to pursue, that we may not even next year be able to interest such a large number of teachers who are willing to pay a couple of hundred dollars for the privilege of working during the hottest month of the year. We will never again get such a dedicated group of teachers together, but all believed that this Clinic kind of teacher- training situation is the 'real way' to train teachers.

The following are some of the more relevant recommendations made by our teachers for future Learning Clinics:

Recommendation: The decision to hold the Clinic be made as early as possible in the school year. In this way the children could be recommended, tested and selected, the teachers selected, and the teams set-up by Easter. It was felt that decisions like this were made far too late this time.

Recommendation: Future Clinics be one week shorter in the hot summer. If teachers are to be on a volunteer rather than a paid basis, then the Clinic should be shorter by one week, the in-service training week to take place two evenings per week for six weeks prior to the commencement of the Clinic; and the children to start the last week of June until the third week of July: the final week of parent interviews to cease by the last day of July. Teachers apparently would not object to evening training sessions if this would provide them with one extra week of vacation.

Recommendation: If arrangements are under way by Easter, then between then and June, the Teams would meet, discuss the children and have time to interview parents and teachers well before the commencement of the Clinic. This would answer many of the parents concerns about what really is the problem with the child in the first place and what will be done in the Clinic.

TEACHER RECOMMENDATIONS (continued)

Recommendation: Using Guy as an example this year, the Team Leaders should be released from the responsibility of working with a child, and be able to concentrate more of his/her energy and expertise upon the teacher training aspects of the programme, the supervising of his teachers and the responsibility for one area of the programme. If, for example, one team leader was to be responsible for all the Language Arts aspects of the programme, she would be able to operate regular workshops and demonstrations of the large variety of language arts material and remedial techniques, in the use of which, our teachers could be offered a more intensive training. Similarly, for a supervisor of the Maths programme and material. At the same time, Leader could be assigned an extra teacher and child and therby just as many children and more teachers would be trained.

Recommendation: That over the present school year a complete separate stock of remedial material, reference books and all the rest of the material to which the teachers are to be exposed - be purchased specifically for the Summer Clinic so that 'raiding' of all elementary schools and remedial specialists would not be required in June.

Recommendation: That prior to commencement of the Clinic, the teachers and team leaders would not only have met the child in his classroom, but would have interviewed his parents and brought the parents and the child to visit the Clinic School, to see the location and have a better idea of the physical arrangements before the start of the Clinic. At this visit to the school, the QACLD film "Early Recognition of Learning Disabilities" or another such informative film be presented. It would be advisable that these visits to the Summer School location be small groups, probably just one team at a time, if not one-parent-and-child-and-teacher at a time.

RECOMMENDATION: If possible, manage to have more men teachers in the Clinic, since our ratio of 5 males out of 22 adults was inadequate for the large number of boys who will always be included and most of whom appear to want more of a male image in their school day.

TEACHER RECOMMENDATIONS (continued)

Recommendation: Some teachers wanted the parents to be able to have free access to all the morning sessions with the children, on a stated morning each week. Observing the remedial work in action is much more useful than being told about it, or being shown a book. Other teachers hesitate to have the parents wandering around too freely.

Recommendation: Based on its popularity and the motivating force for learning, to say nothing of the untold possibilities for teaching rhythm, gross motor control, balance, for practicing memory games, maths facts, practicing times tables, etc. a strong recommendation that a TRAMPOLINE BE PURCHASED FOR EVERY SCHOOL, rather than elementary schools having to make do with part-time use of same. If the Quebec Department of Education would not permit purchase of same, then the Parents Association should be approached to raise money for a trampoline in each elementary school.

Recommendation: Brian Cleary material to be purchased by the parents of each elementary school. (This suggestion came from teachers who came from the half of our elementary schools whose parents have not already done this for their children within the past three years.

Recommendation: One teacher felt our day with the children was cut-up too much and suggested keeping the children through lunch, which they would share with their teacher. This suggestion was voted down by the group, who felt this would stretch the day out for too long a time.

Recommendation: A suggestion for the noon-time discussions was that rather than commencing immediately upon the departure of the children, the teachers should return to their team, prepare group observations on each child and then come to the large group discussion one hour later presumably better prepared to discuss all the children on the team.

Recommendation: That a practical situation similar to the Summer Clinic be operated year round by the Commission with 20 teachers and 20 children - so that every teacher in every school could be released from his/her duties for one month to attend and work in such a supervised group remedial situation. It was

TEACHER RECOMMENDATIONS: (continued)

felt that the practical Clinic situation is the BEST way for teachers to learn from other teachers. It was also felt that there are surely enough children needing help for this kind of a remedial school always to have a population of children.

Recommendation: One teacher suggested that the Clinic situation operated away from the city at a Camp in the Laurentians for one month would be a more complete learning and life situation for the children if they were away from their parents and siblings and actually lived with the teachers from Monday to Friday and returned home only on the week-ends. This suggestion came from our High School remedial teacher-trainee, who saw the remarkable results at St. Thomas the previous year, after the experience for only one week at Camp for the Secondary -1 children. He also believed that parents would be willing to pay the usual Summer Camp Fees for this arrangement.

Recommendation: Open the Clinic to teachers who have not even registered for the Special Education Diploma - primarily because it was felt that any classroom teacher, even if he/she had not studied previously about children with learning disabilities, would profit from the experience professionally. It was also believed that this would enlarge our source of teacher supply for future Clinics.

Recommendation: Accept more very young (Kindergarten and Grade 1) children, primarily because of the feeling that the youngest children in our Clinic '72 were the least discouraged and more open children - and had been caught before they had had too many unfavourable educational experiences. The older children (though only 7-10 years, were clearly the more discouraged).

Recommendation: The French teachers requested a demonstration of a testing situation by one of the French Psychologists as part of the in-service training - so that the French teachers could be familiarized with the French psychological and academic tests used in evaluating their children.

TEACHERS RECOMMENDATIONS(continued)

Recommendation: A serious look be taken at the possibility of operating two adjoining Clinics this next summer, one for 20 - 25 French-speaking children to be located at Marguerite Bourgeois School, and one for 20-25 English-speaking children to be located in the adjoining Centre de Readaptation. Both schools could be co-ordinated closely together; both could use the same Gymnasium and Swimming Pool facilities, etc.

Recommendation: As a way of spreading the gospel about the annual learning clinic, if there is to be such a thing held each year, a presentation be made by former Summer Clinic teachers and Team Leaders in each Elementary School on both the French and English sides of the Commission - presented during one of the prescribed in-service days for teachers - explaining what the Clinic was all about, what they learned and WHY THEY THINK IT A NECESSARY EXPERIENCE FOR EVERY CLASSROOM TEACHER employed by the Commission.

Recommendation: That a very thorough screening by the Language Arts Co-ordinator of the Commission be made on each child accepted for the next Summer Clinic and specific remediation in that subject area be designed by the Language Arts Co-ordinator. Similarly, a thorough Maths screening of every child accepted and a remedial program instituted and designed by Maths Co-ordinator of the School Commission.

Recommendation: (Directed at the Department of Special Education of McGill) That the Clinic situation be presented to the teachers in training BEFORE their coursework - to give much more relevance to the course work. Some teachers felt they would have got far more out of the preceding course work had they been actually exposed to learning-problem children and experienced remedial teachers BEFORE their course.

Recommendation: That each team of teachers be supplemented by a talented TEEN-AGER who would be knowledgeable of the Arts and Crafts kind of project that could be done in the Clinic. The teen-ager would look after the fine arts part of the programme and thereby relieve the team leader for continual supervision of his/her teachers and to work individually more with each

TEACHERS RECOMMENDATIONS (continued)

teacher and child. A GROUP OF YOUNG PEOPLE COULD BE ENCOURAGED TO APPLY TO THE FEDERAL GOVERNMENT for an Opportunities for Youth grant for next summer - just to be able to offer their artistic talent and creativity to our children and our teachers.

RECOMMENDATION: That the Commission supply the services of one of its Secretaries ( preferably the Secretary to the Director) for 1 full week at the beginning of the clinic, 1 or 2 days per week during the next three weeks and full-time from then until the end, so that all reports can by typed and in the hands of the parents and schools no later than the first week of August.

Baldwin-Cartier Clinic '72 ATTACHEMENT "E"

DIRECTOR'S ADDITIONAL RECOMMENDATIONS:

RECOMMENDATION: That this report, which was prepared with the parents particularly in mind, be presented to each parent of a child who is accepted for any future Learning Clinic, whether that be a Summer or Winter situation. This report if probably far more detailed than it should have been, if I had not intended that other parents read it in order to gain some insight into what actually goes on in a Remedial Clinic and what may or may not be expected of parents, teachers and the children.

RECOMENDATION: An echo of the teacher's recommendation that the decision to hold a Summer Clinic be made as early as possible this year - so that more care can be taken in the selection of the children, and more time be available for the complicated arrangements for such a Clinic.

On behalf of the children who attended Summer Clinic'72, and on my own behalf, I would like particularly to thank my team leaders Gwynne Foster, Gail Monaghan, Guy Dufresne and Frank Murray for their dedication and hard work at all times.

To our School Commissioners, who endorsed the Clinic, to my Supervisor, Mr. Donald Myles, who supplied the emotional support and his own physical presence throughout the month - I would like to say that your efforts will be borne out in the changed lives of nineteen children and sixteen teacher-trainees. Thank you most sincerely on behalf of all.

Ed Gallagher, M.Ps.,
Director of the Clinic.

October 1, 1972